

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

EFW Gr 2668

APR 13 2005

ADMENDMENT
TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number	09/921,234
Filing Date	8/02/01
First Named Inventor	Kotzin, Michael D.
Group Art Unit	2665
Examiner Name	Hsu, Alpus
Attorney Docket Number	CS10468

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Fee Address Indication Form	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks:

CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

20280

(Insert Customer No. or Attach bar code label here)

or Correspondence address below

Name:	Motorola, Inc.		
Address:	Intellectual Property Department 600 North U.S. Highway 45, AN475		
City: Libertyville	State: Illinois	Zip Code: 60048	
Country: USA	Telephone: 847-523-2327	Fax: 847-523-2350	

Name (Print/Type) Randall S. Vaas

Registration No. 34,479

Signature Jennifer Magness

Date 4-11-2005

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number _____ or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:

Typed or printed name: Jennifer Magness

Signature Jennifer Magness

Date 4/11/05

APR 13 2005

FEE TRANSMITTAL

Patent fees are subject to annual revision

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number 09/921,234

Filing Date 8/02/01

First Named Inventor Kotzin, Michael D.

Examiner Name Hsu, Alpus

Group Art Unit 2665

Attorney Docket No. CS10468

METHOD OF PAYMENT (check all that apply)

FEE CALCULATION (continued)

Check	Credit card	Money Order	Other	None
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4. ADDITIONAL FEES

 Deposit Account:

Deposit Account Number 502117

Deposit Account Name Motorola, Inc.

The Director is authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.	

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXTRA CLAIM FEES

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fees (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fees (\$)

Fee (\$)

200

100

Multiple Dependent Claims

Fees (\$)

Fee (\$)

360

180

Total Claims

- 20 or HP =

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

360

HP = highest number of total claims paid for, if greater than 3

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x 200 = _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity)

For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

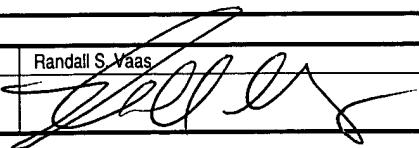
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/50 = _____	(round up to a whole number)	X 250	= _____

SUBMITTED BY

Name (Print/Type)

Randall S. Vaas

Signature



5. OTHER FEE(S) (specify)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Registration No. 34,479 Telephone 847-523-2327

Date

4-11-2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: KOTZIN, MICHAEL D. CASE NO.: CS10468
SERIAL NO.: 09/921,234 GROUP: 2665
FILED: 8/02/01 EXAMINER: HSU, A.
ENTITLED: METHOD AND APPARATUS FOR AGGREGATION OF
WIRELESS RESOURCES OF PROXIMAL WIRELESS
UNITS TO FACILITATE DIVERSITY SIGNAL COMBINING

Motorola, Inc.
Personal Communications Sector
600 North US Highway 45 AS437
Libertyville, IL 60048

AMENDMENT

Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action mailed February 24, 2005, transmitted herewith please find a Fee Transmittal Form, and an Amendment Transmittal Form. Please amend the above-identified application as follows.

Amendments to the claims are reflected in the listing of claims which begin on page 2 of this paper.

Amendments to the Drawings begin on page 6 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.